

APPENDIX X

NORTH DAKOTA BURN PERMIT REQUEST FORM

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GENERAL INSTRUCTIONS:

Requests for permits to conduct prescribed burning should be submitted using the attached form and sent to the address listed below. **A broad scale map (County map preferred) showing the location of each burn unit must be attached to the permit request at the time of submission.**

Additional information on burn permit procedures and smoke management regulations in the State of North Dakota can be accessed through the ND Health Department Internet home page

<http://www.ehs.health.state.nd.us/ndhd/envIRON/ee> This page is linked to the NDC web page at <http://ndc.fws.gov>.

Burn permit requests should be sent to the North Dakota Department of Health, attention to Mr. McDonald at:

Charles M. McDonald
Manager, Air Quality Compliance
Division of Environmental Engineering
North Dakota Dept. of Health
P.O. Box 5520
Bismarck, ND 58506-5520
(701) 328-5188 - phone
(701) 328-5200 - fax

STATE OF NORTH DAKOTA, DEPARTMENT OF HEALTH
REQUEST FOR APPROVAL TO OPEN BURN
YEAR: _____

Agency Name: _____

Proposed Dates:

Address: _____ **Start:** _____

End: _____

Phone: _____

Primary Contact: _____

BURN UNIT INFORMATION

	Unit Name:	County:	Section:	Township:	Range	Total Unit Acres	Acres to be Burned	# Days Required for Burn
1								
2								
3								
4								
5								
6								
7								
8								
9								

	Unit Name:	County:	Section:	Township:	Range:	Total Unit Acres:	Acres to be Burned:	# Days Required for Burn:
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
	TOTALS:							

**END OF YEAR REPORT
(ACTUAL ACRES BURNED)**

	Unit Name:	County:	Section:	Township:	Range:	Total Unit Acres:	Acres Burned:	# Days Required for Burn:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
	TOTALS:							